

HKU Li Ka Shing Faculty of Medicine Biobank Freezer Service Form

	Principal Investigator	User
Full Name		
Department		
Contact No.		
Email		
Signature		
Date		
iLab Service ID		

For freezer rental at Hing Wai Centre, freezer racks required: *Yes or No

*Default is full set of sliding racks (28) for 2-inch height cryoboxes. Please contact biobank staff for other rack request.

For floor space rental at Hing Wai Centre, please provide below information:

Freezer brand	Freezer model*	Serial Number	Transfer Date to Hing Wai

*Freezer must be compatible with Biobank temperature monitoring system. Biobank staff will contact you for details.

Special Note:

In order to maintain freezer in good condition, Biobank staff reserve the rights to inspect freezer's internal condition annually with prior notification. User must cooperate with Biobank staff if defrosting is deemed necessary.

To have better usage of freezer space, if PI/ user apply for additional freezer rental/ floor rental service, the current freezers of the research group must be at least 70% occupied.

Users who rent floor spaces should be responsible for the logistics of their own freezer movement and maintenance, and any related-cost incurred.

No emergency power supply is currently available at Biobank site in Hing Wai Centre. PI and user should bear their own risk in case of power outage.

For **FIRST-time** user, please provide emergency contact information below. To amend existing record, please contact Biobank staff (biobank.cpos@hku.hk). Records needs to be reviewed **ANNUALLY**.

Emergency Contact (in SmartVue Call Sequence)	Contact 1	Contact 2	Contact 3	Contact 4	Contact 5
Name					
Mobile Phone No.					
Email					
SmartVue login name					

Checklist		User		Biobank Staff	
		Signature (Name)	Date	Signature (Name)	Date
<input type="checkbox"/> 1	Freezer Cardkey Received ^a				
<input type="checkbox"/> 2	Freezer Cardkey Returned ^{a,c}				
<input type="checkbox"/> 3	SmartVue Sensor Received ^b				
<input type="checkbox"/> 4	SmartVue tested and email received ^{a,b}				
<input type="checkbox"/> 5	SmartVue Sensor Returned ^{b,c}				
<input type="checkbox"/> 6	Freezer Racks Receive ^a (No.:))				
<input type="checkbox"/> 7	Freezer Racks Returned ^{a,c} (No.:))				

a For Freezer Rental service only

b For Floor Space Rental only

c After Terminate Service

For Office use

iLab Service ID: _____

Handled by: _____

Checklist		Sign & Date
<input type="checkbox"/> 1	Registration status checked (completion of Declaration form, General Usage Terms, FaceID registration#)	
<input type="checkbox"/> 2	Availability of space, freezer, backup freezer and monitoring accessories checked (Proceed ordering if required).	
<input type="checkbox"/> 3	Freezer ID assigned: _____	
<input type="checkbox"/> 4	SmartVue sensor installed ID: _____	
<input type="checkbox"/> 5	SmartVue account, sensor, alert call group and alert test set up	
<input type="checkbox"/> 6 ^a	Freezer Racks installed ID: _____	
<input type="checkbox"/> 7 ^a	Freezer with secure mode (access restricted) set up	
<input type="checkbox"/> 8 ^a	Cardkey (No. _____) set up and transferred to user	

For service at Hing Wai only

Remarks:

Floor Space Rental Location: _____